



APPLICATION TO THE BOARD OF ADJUSTMENT

For Office Use Only

File #: _____ Application Date: _____ Project Name: _____

Fee: \$200 Date Paid: _____ Receipt Number: _____

Name _____ Authorized Agent (if applicable) _____

Phone # (____) _____ Fax # (____) _____ Cell # (____) _____ Email _____

Mailing Address _____

Address of Proposed Adjustment/Appeal _____

Zoning District _____

TYPE OF REQUEST

The Board of Adjustment may only consider the five types of cases stated below. Please acquaint your self with these provisions and ***put a check by the provision under which you are making this request.***

- (1) _____ Appeal from final administrative decision of the Zoning Administrator applying the provisions of The Development Code;
- (2) _____ Variance from the terms of the Development Code with a finding of unreasonable hardship as allowed by Chapter 25 of the Development Code (see Additional Information on Variances below for specific provisions);
- (3) _____ Interpretation of a zoning district boundary line as allowed by Section 02-020 of the Development Code;
- (4) _____ Appeal from Planning Commission decision concerning a Conditional Use permit;
- (5) _____ Issuance of a building permit authorizing the reconstruction, remodeling, expansion or enlargement of a nonconforming building or structure;

APPLICATION REQUIREMENTS

- (1) _____ Attach a plot plan where appropriate showing the location of the existing buildings on the lot and the existing buildings on the adjoining lots, if any.
- (2) _____ Please provide a written description of your request in the area provided on the next page of the application. Use additional sheets if necessary. For Variances, indicate what you interpret the hardship of the lot to be.

The BOA shall not approve a variance unless it shall make findings based upon the evidence presented in each specific case and with a finding that ***all*** of the following provisions apply:

- 2 of 3

APPLICANT(S)/OWNERS(S) CERTIFICATION

I (we) certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete and accurate to the best of my knowledge. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I (we) understand that Lehi City may rescind any approval, or take any other legal or appropriate action. I (we) also acknowledge that I (we) have reviewed the applicable sections of the Lehi City Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I (we) also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Applicant's Signature _____ Date _____

If more than one owner is involved, please include the signatures of each owner

Name _____ Phone _____ TaxID/Parcel#(s) _____

Address _____ Signature _____

Name _____ Phone _____ TaxID/Parcel#(s) _____

Address _____ Signature _____

Each owner and signer for himself says: I have personally signed this application; I am aware of the proposed change and understand the terms and conditions of this application; I am an owner of a portion of the property above mentioned and located at or near Lehi, Utah County, State of Utah, and my post office address is correctly written after my name.

(Attach additional sheets as necessary)

ACTION BY THE BOARD OF ADJUSTMENT

The Board of Adjustment may approve, deny in whole or in part, or may attach conditions to the grant of the appeal.

1. The Board of Adjustment determines that the matters presented in the appeal are within its powers to review as set forth in paragraph _____ of the zoning ordinance, and does hereby make the following determination with respect thereto.

2. The Board of Adjustment determines that the request presented in this appeal is not within its authority to grant. This request is therefore denied.

Public Hearing Date:

THOSE VOTING YES

THOSE VOTING NO

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

Absent _____

Board of Adjustment Secretary

Date

